

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2		/					52			
3							53			
4		/					54			
5							55			
6							56			
7		/					57			
8		/					58			
9	/						59			
10		/					60			
11	/						61			
12		/					62			
13		/					63			
14		/					64			
15		/					65			
16		/					66			
17	/						67			
18		/					68			
19		/					69			
20	/						70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26	/						76			
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28		/					78			
29		/					79			
30		/					80			
31		/					81			
32							82			
33							83			
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37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS	31						TOTAL CLAIMS			

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